

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10817007  
APPLICANT(S)

FILED DATE 04-05-01

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
12		1				
13		1				
14		2				
15		2				
16		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	40					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
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